

## CITY OF FAIRFAX DEPARTMENT OF COMMUNITY DEVELOPMENT AND PLANNING As-Built Plan Application

Office Use Only			
Plan #		I	
Date			
Fee: R	Receipt#:		
The following inform	nation is provi	ded, as required l	by the City of Fairfax Zoning Ordinance:
Project Name:			
Project Address:			
Tax Map Number: _			
Property Owner:			
Address:			
Phone Number :			
e-mail address:			
Applicant:			
Address:			
Phone Number :			
e-mail address:			
Engineer, Surveyor	or Landscap	e Architect:	
Address:	_		
Contact Person:			Phone Number :
e-mail address:			

THE AS-BUILT CHECKLIST MUST BE COMPLETED AND CERTIFIED BY THE APPLICANT'S ENGINEER



## City of Fairfax "As-Built" Review Requirement Checklist

Proj	ect Name:	Project No
Proj	ect Address:	Tax Map No
Engi	ineer:	
Pho	ne:	
conf	fax City Code,	ENT OF CERTIFICATION pursuant to Chapters 86-4(h) and 110-109(c)(3) of the Ido hereby certify that this as-built proved plans; conveys all revisions, and represents the actual conditions on this site as (date)
	(sign	ature)
		(Seal)
	above affidavi	it shall be attached to the cover sheet of each plan and sign by a certified engineer, arveyor.
1.	SITE ELEIABCDEF.	MENTS  Boundary of site Location of buildings, setbacks, height and number of stories Address of building Site Plan number Parking spaces and loading areas Fire lanes (as applicable)
2.	LANDSCA A. B.	APING  Location and type of all plant material  Revised planting schedule to reflect all changes in plant material
3.	STORM SEABCBEFGH.	Invert elevations "in" and "out" – existing structure at connection Size of pipe Distance between structure centerline to centerline Type of structure For yard inlets, the number and locations of throats Elevation and structure top All road culverts carrying discharge from storm systems and/or crossing streets For field connection, give pipe size, invert elevation at upper end and top, and appropriate length

4.	SANITARY	ANITARY SEWER (SEE ITEM 6)			
	A.	Invert elevations, "in" and "out" – existing structure at connection			
	B.	Distance between centerline of structure			
	C.	Elevation of top			
	D.	Horizontal location of structure			
	E.	Lateral table or equivalent information on plan and profile.			
		(Note: Plan and profile must be on same sheet.)			
	F.	Overall sanitary layout sheet			
4-A.	WATER LIN	Е			
	A.	Invert elevations, "In" and "out" – existing structure at connection			
	B.	Distance between centerline of structure			
	C.	Elevation of top			
	D.	Horizontal location of structure			
	E.	Lateral table or equivalent information on plan and profile.			
		(Note: Plan and profile must be on same sheet.)			
5.	DETENTIO	N PONDS/STRUCTURES			
	A.	Locate storm structure as shown			
		- all tops, throats, inverts, elevations			
		- pipe size, opening for overlfow, top of wall and orifice elevation			
	B.	Adequate spot elevations around entire pond depicting the shape			
		(Note: Minimum ten (10) along top and crest of dam width.)			
	C.	Spot elevation through drainage way to outfall and spillway			
		(Note: give width of spillway.)			
	D.	Provide all information possible for underground detention			
		(Note: that underground detention is in place.)			
	E.	Show access easement (with Deed Book and Page Number) for maintenance of			
6.	EASEMEN	pond. TS			
	A.	Provide Deed Book and Page Number for sanitary, storm and access easements			
7	CHDMICCIO	an i			
7.	SUBMISSIO				
	A.	Submit five sets of drawings and electronic submission of approved site plan with			
	all revisions a	and As-Built drawing in pdf format.			
8.	PAYMENT				
	A.	Submit review fee of \$550 plus \$110 for each acre or fraction thereof.			